

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                |  |   |                  |  |  |    |  |  |  |  |
|--|--|---|------------------|--|--|----|--|--|--|--|
| 1 Date of Request: <u>3/14/05</u>                            |  | 2 Serial/Patent # <u>10/523931</u>  |                  |  |  |    |  |  |  |  |
| 3 Please refund the following fee(s):                        |  | 4 PAPER NUMBER  | 5 DATE FILED     |  |  |    |  |  |  |  |
| <input checked="" type="checkbox"/> Filing <u>Fee Change</u> |  |   | 6 AMOUNT         |  |  |    |  |  |  |  |
| <input type="checkbox"/> Amendment                           |  |   | \$ <u>100.00</u> |  |  |    |  |  |  |  |
| <input type="checkbox"/> Extension of Time                   |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Notice of Appeal/Appeal             |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Petition                            |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Issue                               |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.   |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Maintenance                         |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Assignment                          |  |   | \$               |  |  |    |  |  |  |  |
| <input type="checkbox"/> Other                               |  |   | \$               |  |  |    |  |  |  |  |
|  |  | 7 TOTAL AMOUNT OF REFUND  |                  |  |  |    |  |  |  |  |
|  |  | \$ <u>100.00</u>  |                  |  |  |    |  |  |  |  |
|  |  | 8 TO BE REFUNDED BY: <u>CC</u>  |                  |  |  |    |  |  |  |  |
|  |  | Treasury Check  |                  |  |  |    |  |  |  |  |
| 10 REASON:   |  | Credit Deposit A/C #:   |                  |  |  |    |  |  |  |  |
| <input checked="" type="checkbox"/> Overpayment              |  | 9 <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td></td><td></td><td>--</td><td></td><td></td><td></td><td></td> </tr> </table> |                  |  |  | -- |  |  |  |  |
|  |  | --  |                  |  |  |    |  |  |  |  |
| <input type="checkbox"/> Duplicate Payment                   |  |   |                  |  |  |    |  |  |  |  |
| <input type="checkbox"/> No Fee Due (Explanation):           |  |   |                  |  |  |    |  |  |  |  |
|  |  |   |                  |  |  |    |  |  |  |  |
|  |  |   |                  |  |  |    |  |  |  |  |
|  |  |   |                  |  |  |    |  |  |  |  |
|  |  |   |                  |  |  |    |  |  |  |  |
| 11 REFUND REQUESTED BY:                                      |  |   |                  |  |  |    |  |  |  |  |
| TYPED/PRINTED NAME: <u>Rita White</u>                        |  | TITLE: <u>Legal Assistant Examiner</u>  |                  |  |  |    |  |  |  |  |
| SIGNATURE: <u>Rita White</u>                                 |  | PHONE: <u>7/308-9140 ext. 231</u>   |                  |  |  |    |  |  |  |  |
| OFFICE: <u>DO/EO</u>   |  |   |                  |  |  |    |  |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****        |  |   |                  |  |  |    |  |  |  |  |
| APPROVED: _____  |  | DATE: _____   |                  |  |  |    |  |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*